Effective October 1, 2003 10 743 328														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			63		·			RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			63 minus 20=		*			X\$ 9=	387	OR	X\$18=			
INDEPENDENT CLAIMS			5 minus 3 =		•			X43=			X86=			
MULTIPLE DEPENDENT CLAIM PRESENT									86	OR	•			
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	045	OR	+290=			
. /, CLAIMS AS AMENDED - PART II								TOTAL	898	OR	TOTAL	711001		
1	2 3 (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	11/20/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 63	Minus	** (j	}	- Ø		X\$ 9= \		OR	X\$18=	•		
	Independent	• 5	Minus	*** 5		=0	l	X43=	\ · .	OR	X86=			
	FIRST PRESE	ENTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=			
							L	TOTAL		'	TOTAL ADDIT, FEE	-		
(Column 1) (Column 2) (Column 3)								DOIT. FEE			ADUII. FEE	•		
AMENDMENT B		CLAIMS . REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***	01.4/14	=	lΓ	X43=	·	ΘR	X86=	• .		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+145≃		OR	+290=			
							- -	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	·		
(Column 1) (Column 2) (Column 3)									-					
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		ОЯ	X\$18=			
	Independent		Minus	***				X43=	()	OR	X86=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=			+290=			
	If the entry in column 1 is less than the entry in column.2, write "0" in column 3.								·	OR	+29U=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"/ ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
T	he "Highest Num	ber Previously Paid	For" (Total or	Independen	i) is the	highest number	r foun	d in the app	propriate box	in colu	.mn 1.			

Application or Docket Number